

**TOWN OF SEEKONK  
ELDERLY AND DISABLED TAXATION AID FUND COMMITTEE  
100 Peck Street, Seekonk, MA 02771**

**FISCAL YEAR 2016  
ELDERLY AND DISABLED TAXATION AID FUND APPLICATION**

**Organized according to Massachusetts General Law Chapter 60, Section 3D  
Approved at Town Meeting November 27, 2006**

In order to be considered, the entire application must be completed, signed and include all proper documentation attached

Date received \_\_\_\_\_ Application Number \_\_\_\_\_

**Applications must be filed with the Assessor's Office on or before October 1, 2015**

**A. IDENTIFICATON**

Name of applicant \_\_\_\_\_

Telephone number \_\_\_\_\_ U.S. Citizen Yes or No \_\_\_\_\_

Marital status \_\_\_\_\_ Occupation \_\_\_\_\_

Legal residence \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Location of assessed property \_\_\_\_\_ Date you purchased property \_\_\_\_\_

Is this your primary residence? Yes\_\_\_ No\_\_\_ If so, how many years have you lived here? \_\_\_\_\_

\_\_\_ Sole owner? \_\_\_ Co-owner with spouse only? \_\_\_ Co-owner with others?

Is this property in trust? Yes\_\_\_ No\_\_\_ If yes, attach trust instrument including all schedules.

Have you been awarded any other exemptions from the Assessor's Office? Yes\_\_\_ No\_\_\_

If so, which exemptions \_\_\_\_\_

If you qualified for the Senior Circuit Breaker credit on your state income tax return, what was the credit amount? \_\_\_\_\_

**B. BASIS OF AID REQUEST**

Your date of birth \_\_\_\_\_ Age \_\_\_\_\_ (Attach copy of driver's license, photo ID, or birth certificate)

Co-owner's date of birth \_\_\_\_\_ Age \_\_\_\_\_ (Attach copy of driver's license, photo ID, or birth certificate)

Age and relationship of other adult resident(s) in household, use a separate sheet if necessary  
\_\_\_\_\_

Estimated combined household income from all sources for the current calendar year: \$ \_\_\_\_\_

Kindly provide a detailed description of any physical or mental illness, disability or impairment.

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**C. EMPLOYMENT** (Not required for applicants 65 and older)

Are you able to work? Yes\_\_\_ No\_\_\_ If no, your physician's letter **must** confirm this status.

If unemployed, indicate date of your last employment \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING FINANCIAL SECTION OF APPLICATION**

1. Please write legibly.
2. Household income and expenses should be stated in ANNUAL terms. This may require estimates.
3. Assessed value is the value of your home as determined by the Seekonk Assessor. It is listed on your tax bill.

**D. FINANCIAL STATEMENT** Complete this section fully. **Copies of all 2014 Federal and State Income Tax Returns are required including Returns using other tax identification numbers. Other documentation may be requested to verify your income and assets.**

ASSETS		LIABILITIES	
<b>REAL ESTATE</b>		Mortgage #1 – outstanding balance	\$ _____
Assessed Value Residence	\$ _____	Mortgage #2 – outstanding balance	\$ _____
Assessed Value Other Real Estate	\$ _____		
<b>OTHER ASSETS</b>		Car loan balance	\$ _____
<b>Motor Vehicles</b>		Car loan balance	\$ _____
Year/Make/Model	Market Value	<b>OTHER OUTSTANDING DEBTS</b>	
#1 _____	\$ _____	Personal loans	\$ _____
#2 _____	\$ _____		\$ _____
	Average Balance		\$ _____
Checking	\$ _____	Credit cards	\$ _____
Savings	\$ _____		\$ _____
Brokerage Accounts	\$ _____		\$ _____
CD's	\$ _____		\$ _____
IRA's	\$ _____		\$ _____
Mutual Funds	\$ _____		\$ _____
401K's	\$ _____		
Trust Funds	\$ _____		
Other (please specify)	\$ _____		
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>

<b><u>ANNUAL HOUSEHOLD INCOME</u></b> (Please do not list monthly income)		<b><u>AVERAGE ANNUAL HOUSEHOLD EXPENSES</u></b> (Please do not list monthly expenses)	
Salary/wages	\$ _____	Mortgage principal and interest	\$ _____
Unemployment compensation	\$ _____	Real estate taxes	\$ _____
Social Security	\$ _____	Food	\$ _____
Pension	\$ _____	Clothing	\$ _____
Public Assistance		Life insurance	\$ _____
AFDC	\$ _____	Health insurance(out of pocket)	\$ _____
Food stamps	\$ _____	Prescription drugs (out of pocket)	\$ _____
Fuel assistance	\$ _____	Other medical (out of pocket)	\$ _____
Disability	\$ _____	Dental (out of pocket)	\$ _____
Other	\$ _____	Electricity	\$ _____
Rental income	\$ _____	Natural/propane gas	\$ _____
Business income	\$ _____	Heating fuel	\$ _____
Interest/dividends	\$ _____	Telephone	\$ _____
Family assistance	\$ _____	Car loans	\$ _____
Reverse Mortgage income	\$ _____	Credit cards	\$ _____
Other (specify) _____	\$ _____	Personal loans	\$ _____
_____	\$ _____	Auto insurance	\$ _____
_____	\$ _____	Homeowners insurance	\$ _____
		Other (specify) _____	\$ _____
		_____	\$ _____
<b>TOTAL ANNUAL INCOME</b>	\$ _____	<b>TOTAL ANNUAL EXPENSES</b>	\$ _____

**Use this space for any comments you feel the committee should be aware of:**

**E. DOCUMENTATION** Please check ☒ documentation supplied (**COPIES ONLY PLEASE!**)

Must supply ☐ Driver's license(s) or birth certificate(s)

If applicable ☐ Trust instrument

If applicable ☐ Physician's letter

Must supply ☐ 2014 Federal & State Tax Returns including all schedules

☐ **OR** I/we attest I/we am/are not required to file a Federal & State Tax Returns

This application has been prepared or examined by me. I/we declare that to the best of my/our knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Notes:** 1. If signed by an agent, attach a copy of the written authorization on behalf of the taxpayer.

2. If you would like assistance in completing this application, contact the Assessor's Office or Human Services Department.

**TAXPAYER INFORMATION ABOUT ELDERLY AND DISABLED ASSISTANCE**

**WHO MAY FILE AN APPLICATION.**

You may file an application if you owned and occupied the property and meet all qualifications and eligibility requirements (outlined in the Application Guidelines) as of the 1<sup>st</sup> of July 2015. You must be 60 years or older and have a combined annual household income of less than \$47,790 and/or have a disability and combined household income of less than \$47,790 per year. The property must be your primary domicile. Minimum Seekonk residency requirement is five years.

**WHEN AND WHERE THE APPLICATION IS TO BE FILED.**

Applications may be obtained from the Treasurer's Office, the Assessor's Office, or the Human Services Department. **Applications must be filed with the Assessor's Office, 100 Peck Street, by October 1, 2015.**

**PAYMENT OF TAX.**

Filing an application does not stay the collection of your taxes. Failure to pay the tax when it is due may subject you to interest charges and collection action. To avoid any additional charges, you should pay the tax as assessed. Awards will be applied against the 3<sup>rd</sup> or 4<sup>th</sup> quarter tax. A Town check will be drawn and presented to the Tax Collector with a list of taxpayer accounts to credit.

**COMMITTEE'S DISPOSITION.**

Upon applying for tax assistance, you may be required to provide the Committee with further information and supporting documentation. All information supplied to this committee is held in the strictest confidence. You will be notified in writing no later than December 31, 2015 whether your request for assistance has been granted or denied. All Committee decisions are final.

**NOTE:** Even if you received an award last year, you **MUST** reapply each year to be considered.